

SUBSTANCE ABUSE
REASONABLE SUSPICION REPORT

Employee:	Name: _____
	Social Security Number: _____
Observation: Date: _	Time: (from _____ am/pm: to _____ am/pm)
Location: _____	
(Street)	(City) (State) (Zip)

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an Employee is using or is under the influence of prohibited drugs and/or alcohol. You should note all pertinent Behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently Used or is under the influence of a prohibited substance. Match each applicable item on this form and add any additional facts or circumstances which you have noted.

REASONABLE SUSPICION DETERMINED FOR ALCOHOL ☐ DRUGS ☐

A. Nature of Incident/Cause for Suspicion

- ☐ 1.Observed/reported possession or used of a prohibited substance (including a complaint)
- ☐ 2.Apparent drug or alcohol intoxication
- ☐ 3.Observed abnormal or erratic behavior
- ☐ 4.Arrest or conviction for drug-related and/or driving while intoxicated offense
- ☐ 5.Evidence of tampering on a previous drug and/or alcohol test
- ☐ 6.Other (e.g., flagrant violation of safety or serious misconduct ,accident or “near miss,” fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) (please specify)

B. Behavioral Indicators Noted

- ☐ 1.Verbal abusiveness
- ☐ 2. Physical abusiveness
- ☐ 3.Extreme aggressiveness or agitation
- ☐ 4.Withdrawal, depression, tearfulness, unresponsiveness, or lethargic

- ☐ 5. Inappropriate verbal response to questioning or instructions
- ☐ 6. Irritable
- ☐ 7. Inappropriate gaiety
- ☐ 8. Mood swings
- ☐ 9. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, excessive euphoria, talkativeness, confused) (please specify)

C. Physical signs or Symptoms

- ☐ 1. Possessing, dispensing, or using prohibited substance
- ☐ 2. Slurred or incoherent speech
- ☐ 3. Unsteady gait or other loss of physical control, poor coordination
- ☐ 4. Dilated or constricted pupils or unusual eye movement
- ☐ 5. Bloodshot or watery eyes
- ☐ 6. Extreme fatigue or sleeping on the job
- ☐ 7. Excessive sweating or clamminess of skin
- ☐ 8. Flushed or very pale face
- ☐ 9. Highly excited or nervous
- ☐ 10. Nausea or vomiting
- ☐ 11. Odor of Alcohol
- ☐ 12. Odor of Marijuana
- ☐ 13. Disheveled appearance or out of uniform
- ☐ 14. Dry mouth (frequent swallowing/lip wetting)
- ☐ 15. Dizziness or fainting
- ☐ 16. Shaking hands or body tremors/twitching
- ☐ 17. Breathing irregularity or difficulty breathing
- ☐ 18. Runny nose or sores around nostrils
- ☐ 19. Inappropriate wearing of sunglasses and long sleeve shirts
- ☐ 20. Puncture marks or "tracks"

- ☐ 21. Other observed actions or behavior (state objective evidence supporting reasonable suspicion that employee is using or under influence of controlled substances and/or alcohol. Physical evidence should be retained and stored):

- ☐ 22. Indications of the chronic and withdrawal effects of drugs

Yes ☐ No ☐ Explain _____

D. Written Summary

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Attach additional sheets as needed.

E. Attendance

1. Number of Mondays or Fridays missed in the last two months. _____
2. Total absences in last two months. _____
3. Times tardy in last two months. _____
4. Times employee left early in last two months. _____

Supervisor/Manager:

(Signature) (Title) (Date) (Time) am/pm

Reviewed by HR (if applicable) (Signature) (Title) (Date) (Time) am/pm

An alcohol test must be administered within two (2) hours but no later than eight (8) hours following a reasonable Suspicion determination. This document must be prepared and signed by the supervisor who made the reasonable Suspicion determination before the employee is requested to submit to a drug test.

If possible/applicable this report should be reviewed by another supervisor and/or the Human Resources Department before you request the employee to submit to the test. If this is not possible/applicable, you may request the employee to submit to a reasonable suspicion test and then have your report reviewed by the Human Resources Department. In the case of a reasonable suspicion drug test, this report must be prepared within 24 hours of the observed behavior, or before the results of the test are released, whichever is earlier.

Date, time, and location of alcohol test.

Note if employee refused the test. _____ am/pm

Date, time, and location of drug test.

Note if employee refused the test. _____ am/pm

Please complete if applicable:

Reasons why alcohol test not performed within two (2) hours of reasonable suspicion determination.

Reasons why alcohol test not performed within eight (8) hours of reasonable suspicion determination.

Could a blood alcohol test have been completed within eight (8) hours ☐ Yes ☐ No

If yes, please provide the name, address and telephone number of testing site where the blood test could have occurred.

Please complete if applicable:

Reasons why drug test not performed after reasonable suspicion determination.
